

# THE CALIFORNIA HOMŒOPATH.

A Journal Devoted to the Interests of Homœopathy  
on the Pacific Coast.

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EDITOR, - - - WM. BOERICKE, M. D.

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## EDITORIAL.

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ON May 3d, the Hahnemann Medical College of San Francisco, entered upon its fourth annual session, and it is with genuine satisfaction and pleasure that we announce to the Homœopathic profession in general, and to our members on this Coast in particular, that the College outlook has never been more promising than at the present time. Long ago, the College passed the experimental stage, its policy commending itself to and securing a firm foothold in the respect and good will of all true-hearted homœopaths at home and abroad. Smooth sailing and clear skies were ardently desired for the success of the College venture, which set its sails four years ago, freighted with ambitious hopes and honest purposes, for the advancement of the cause of Homœopathy; but a cloud, "though no larger than a man's hand,"

appeared on the horizon—a violent wind blew, and a storm beat upon our brave little craft, which, however, has in no way been driven from its course, but has proudly breasted the storm and has come safely into calmer waters, with no spars or rigging lost, and better prepared than ever before to carry voyagers to their desired haven.

There is an old saying that "There are no enemies so dangerous as those of one's own household," and this has been proven in the history of Homœopathy on the Pacific Coast. Its greatest hindrance and obstacle to success in the past has been the want of fraternal unanimity in feeling and work. In early days individual interests were so widely separated that individual interest alone was for the most part considered, and when the College venture was started it was in the hope that it might prove to be a strong cohesive power in cementing the best elements of our physicians into a solid band of harmonious workers, whereby our beloved cause might be strengthened and broadened. From the very first, as is well known, the College has proved a success; to it the Faculty has brought their best efforts to teach the purity of the Hahnemannian law, and a more cordial sentiment has obtained in the profession at large throughout the Coast, for the interests of all true Homœopathic physicians became identical when they had for a center of interest a Hahnemann Medical College of their own on the Pacific Coast. But, as has always been the case in the history of all institutions, there were some few malcontents in the Faculty, who, if they could not rule, would ruin, and gathering to their number some few of their own kind they have done their poor best to pull down and destroy, not only the one Homœopathic College west of the Sierras, but they have done violence to the cause they profess to serve. That they have failed utterly in their nefarious effort was satisfactorily demonstrated at the last annual meeting of the State Society on May 11th, when the College and its Faculty were most heartily endorsed by an overwhelming majority, and the many letters received by the Dean and Faculty from the most eminent members of our school throughout the country, congratulatory upon the complete vindication of the College, encourage its officers to believe that their own is not the first institu-

tion that has been similarly assailed and a little harmed by malicious and unscrupulous enemies sailing under the same colors.

The College has lately received a valuable acquisition in that veteran of Homœopathy, Dr. Samuel Lilienthal, who has come from New York, where he has been so long and eminently known, to join the College Faculty, and help along the good work we are all striving to accomplish. Dr. Lilienthal is giving a most valuable course of lectures on the Organon of Hahnemann. In our Homœopathic contemporaries we occasionally read the names of Colléges which include the teaching of the Organon in their curriculum of studies. Please add us to the list, gentlemen. D.

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#### THE CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of the above body was held May 11th in the large lecture-room of the Hahnemann Medical College. Despite the opposition of a small minority, whose sole aim seems to be to destroy not only the Hahnemann College and the State Society, but Homœopathy itself on this Coast, the meeting was a perfect success. Twenty-two new members signed the Constitution and By-Laws—the largest number yet to join at one meeting. The large number of papers read were of unusual interest, and the discussions provoked were animated. With the large accession of new members, the bureaux for 1888 should be well filled, and next year's meeting a most profitable one. D.

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#### THE TISSUE REMEDIES.

The editor of this journal and Dr. W. A. Dewey have under way a complete treatise on the Twelve Tissue Remedies of Schuessler, in which we propose to incorporate all that has hitherto been written on the subject, as well as any new facts or clinical deductions that may be made available for our use, paying special attention to arrangement. Well-authenticated clinical cases, in which marked results have been obtained from the use of these remedies, or any new indications for their use, are respectfully solicited.

ORIGINAL ARTICLES.

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## PRESIDENT'S ADDRESS.

By WM. SIMPSON, M. D.

DELIVERED AT THE ELEVENTH ANNUAL MEETING OF THE CALIFORNIA STATE  
HOMŒOPATHIC MEDICAL SOCIETY, SAN FRANCISCO, MAY 11TH, 1887.

If, when the class supper was eaten, the faculty toasted, the last song sung, the long looked for and anxiously awaited diploma at last in hand, and the much coveted M. D., so often surreptitiously written after our names—just to see how it would look—boldly signed; if at this stage of our career our student life ended and our medical education was complete, this hall would now be empty; so far as we are concerned, this medical society would have no existence. It has been well said, “The beginning is half of the whole,” and no person ever yet regretted having made a good beginning; but if the failures and fallings by the wayside of those who started, some of them even more than fairly well, in their struggle for medical life and medical honors, could be accurately marked, doubtless it would be found that a large majority of these failures were due to the mistaking of the beginning for the whole and neglecting post-graduate education.

Probably but few, if any, leave college without a resolve to return and complete at some future day that which he then feels to be incomplete, yet the number who carry out this resolve, made in all earnestness, is but small. How, then, is this post-graduate education to be carried on? Every physician must coincide that he has a duty which he owes first to himself, next to his brother practitioner, and last, though by no means least, to his patients. His duty to himself is not simply to rest content with the talent with which he is endowed, but to develop that talent to its utmost capacity. This duty, fully performed and accompanied by gentleness of manner and a kindly, helpful spirit, willing at all times and in all emergencies to help as he would wish to be helped, covers that duty which he owes to his

neighbor and his patient; for that man who does best for himself, not from a selfish and mercenary standpoint, but for the love of that which is best, does his best for all about him, and this it is which elevates the practice of medicine above the level of a mere trade, and makes it not only a profession but the noblest of all professions, bringing its members nearer to humanity than any other, not even excepting the clergy, who seeing men only, as a rule, at their best, and hearing only their pious ejaculations, are but too often far removed from their real life. The *New York Medical Times* of October, 1886, says: "By the unwritten law of our diplomas, "more binding than any written law can be, because it contains the very essence and spirit of the duties we assume, "we pledge ourselves to stand in the front ranks of science, "that we may the better relieve suffering humanity, and we "also pledge ourselves to lead honest lives, that society may "gain from our membership."

And here permit me a moment's digression to say that this is the satisfaction which comes alone to the family physician and in some measure compensates him for days of anxiety and nights of care; that encourages him when he feels his weakness as he faces the inevitable, that spurs him on to do better work, that alone consoles him when unable to save one who was not only patient, but friend. Happy indeed will it be for that man who blunders along at haphazard if he finds in death one long, unbroken sleep, and no Hades haunted by those who hurried from this sphere or carelessly allowed before their allotted time to pass into the great beyond, wreak now their vengeance on one who failed to do his best.

How shall we secure the best possible advantages in our efforts for this needed supplementary education?

First, from the post-graduate schools, which in their efforts to supply this want well deserve the appreciation and success they have achieved.

New York must be, for years to come, at least, and probably for all time, the great centre of medical education as it is of business for this continent, and right worthily has it fulfilled its office. Liberalism and progress are supposed to belong especially and essentially to new communities, but

to-day the head and front of liberalism and free thought in medicine lies not in the newer communities of the West, but in the Empire State, the stature of whose men is so great they cannot afford to stoop to the pettiness and pettishness of jealousy. But the opportunity to avail ourselves of these means may be wanting; what then can we do? The great force of competition is being felt in the medical profession as sharply, perhaps even more sharply, than in any other profession, and, if not already, it must soon be a question of the survival of the fittest, where the illy-prepared and poorly equipped must go to the wall. In this day of grace it is scarcely a sufficient capital on which to practice medicine to be able to look wise and shake one's head sapiently, and a dogmatic assertion not strictly in accordance with the truth is very apt to bring the maker very shortly and unexpectedly to book. Not to be left behind, then, to hold and deserve our place and rank, we turn, first of all, to our books. In these we have counselors ever ready to offer us the advantage of their research and experience, and not ready, like some we have sought in our emergency, to snatch from our youth and inexperience our hardly-earned case. The time has long passed when a physician's library need only consist of a compendium of anatomy, a manual of physiology and a vade mecum; nor does it bespeak of necessity studious habits and learning that our libraries are extensive and our shelves well stocked with the latest editions. Better are a few drugs well known than a multitude of badly-proven new remedies; so better a thousand times a few books well-conned than any number, however great, with uncut pages and unturned leaves. With the books should be classed the journals, and these, the weekly, monthly, or bi-monthly registers of medical thought and medical progress, whether justly or unjustly, come in for a large share of criticism. 'Tis true, in them is often found much chaff and a very small modicum of grain. 'Tis true, the articles are too frequently crude and illy digested, the logic faulty, the premises ill founded, and the conclusions wrong, yet are we not largely ourselves to blame for this? Dr. E. Hasbrouck, of Brooklyn, N. Y., has, in a forcible article, called the attention of the Homœopathic fraternity to the advertising of proprietary remedies in Ho-

mœopathic journals. This is a two-sided subject worthy of your attention, and I commend it to you for discussion. For this feature of journalism, as for the others mentioned, is not our apathy at fault? Do we feel it as strongly as we should our duty to support the journals of our school, and especially of our immediate vicinity? Not alone with our subscriptions, but with our pens and with words of encouragement and commendation when they do well; and this brings me to the second point in our post-graduate education.

"Writing," says the old saw, "makes an exact man." To write, then, serves the double purpose of fixing in our minds and making exact our own knowledge and imparting to others facts from our experience they may not have been able to gather, or calling to their attention points coming under our observation which they may have missed. All are not original thinkers, and everyone has not the patience, the time and the talent necessary for deep research, but all can study and observe, and you may observe and bring to my notice exactly the point which I need, but have overlooked. Do you hesitate for fear you may be criticized? You may be a faulty observer with distorted vision, and a sharp criticism may be exactly what you need to open your eyes to see aright; moreover, it must be a poor writer indeed who is afraid or unable to defend what he has written. In addition to the books and writing, never let an opportunity pass to compare notes with your brother practitioners, and in doing this do not attempt to ride too high a horse, but be ready to receive and profit by information regardless of its source, and not too ready to scoff at every suggestion not backed by a gilt-edged diploma.

It may be well sometimes to think what would be the worst possible course to pursue, if for no other reason than to warn us to shun so disastrous a path.

Much, very much, has been said on the subject of medical education, but far too little on the subject of that education which should be a part of every doctor's life-work, for the doctor of all men should be the broadest, not so wedded to a dogma that he can see no truth outside of it; not a sectarian in any sense, alive to the interests of his country and the community in which he lives; not a politician, but feeling

the vice and debauchery and defective hygiene of his community as a part of his personal burden and personal responsibility, ever ready to cry aloud, and spare not till the health and surroundings of his neighborhood are nowhere surpassed. To this end he must be a student of sanitary science and hygiene, and his voice on these topics should emit no uncertain sound, and this should lead us to inquire in how much we are responsible for the abuse of stimulants.

Members of the medical profession, you cannot stand back and say we are not our brother's keeper, for we are, and if we fail to use our superior knowledge as men, and as humanitarians, and a single soul goes out in night through our neglect, the blood of that soul will most assuredly rest upon our heads. I am no advocate of total abstinence, but as Homœopaths we have no right to use liquors except when homœopathically indicated; and as men, we are bound to use our best knowledge and our best endeavors to prevent the indiscriminate use and abuse of stimulants.

That our colleges should be set upon a higher plane and the standard elevated we are all agreed, and that agreement is having its effect, though the desideratum in this regard is yet far distant, but let me insist to you that this matter is entirely under the control of the profession throughout the land. The superstructure of a medical education should never rest on a foundation less broad than what is termed technically a liberal education, and that means something more than the smattering required in most entrance examinations. Where is the remedy? Do not look to the colleges to supply it or apply it, but apply it yourself. Pledge yourselves to yourselves and to each other, that you will allow no student to enter your office or call you preceptor who will not be a credit, not to you alone, but to your school and the profession you should delight to honor. The remedy is in your own hands, will you administer it? Within the memory of many, and those not the oldest of those present, the successful orator or essayist was the one who could convey a thought in the most ponderous form or conceal it under the greatest weight of words. Now the orator or essayist who is heard with respect is the one who has something to say and says it in the fewest and plainest of words; so in our books

and journals, the ponderous tome, heavy in its make-up, and still more heavy in its contents, has given place to the brochure, and the involved sentences of the magazine article, stretched out like scant copy in a country newspaper office on publication day to cover space, is being replaced by the crisp, terse, condensed paragraph, conveying its lesson in the brightest manner possible.

The world in these days is very small, and the telegraph has brought us so close together that the thoughts of all are open to all, and to command attention our thoughts must be of value to others and condensed into the fewest possible words.

Remembering that we are and must be students always, it stands us in hand on our assembling together to note the trend of medical thought and medical progress, to review briefly at least some of the happenings of the past year. While no startling discovery like that of Cocaine has marked the medical year just closed, yet the progress has been steady all along the line, and the growth has been apparently healthy.

In the direction of practice, under which head it is fair to include therapeutics, preventive medicine and hygiene, the tendency of the year has been in all schools very properly directed in a heretofore too much neglected channel, and the question of what the patient shall eat, and what he shall drink, and wherewithal he shall be clothed, is the all-absorbing topic. No longer is the physician satisfied to be a mere dispenser of drugs, but he has learned that much depends on the environment. The ideal physician is the one who by wise counsel wards off disease, and the ideal practice, the practice of the future, will be far more largely than to-day in the direction of preventive medicine. As the conscientious lawyer who keeps his client out of court gets small thanks and smaller pay, so the conscientious doctor who tenders advice to the patient who expects pills is called a fool for his pains, and usually loses his patient and his fee into the bargain. A few years hence all this will be changed, and the advice of the medical man will be sought instead of his medicaments.

Study and thought, then, directed toward the subjects of Dietetics, Hygiene and Preventive Medicine, are the duty

of the hour. The thought of therapeutists is being directed toward the use of oxygen and the mixed gases, oxygen, nitrous oxide and air, and these powerful agents, carefully studied and rescued from the clutches of charlatans, give promise to prove valuable agents in the armamentarium of the therapeutist. The use of compressed or rarefied air, thus transporting the patient, as it were at will, to the altitude best suited to his condition, is as yet in embryo, but if a tithe of its promises are fulfilled its benefits cannot yet be measured.

From the study of the pathology and *post-mortem* appearance of phthisis, physicians are now turning their attention more carefully to the treatment, and two methods inaugurated during the past year demand at least passing notice. Both are the outcome of the researches of French physicians; the one consisting of the giving of tannin in doses of from two to four grammes daily, the other devised by Dr. Bergeon, of Lyons, consisting of enemata of carbon dioxide, medicated with hydrogen sulphide. The sulphurous gas eliminated by the lungs produces, according to the reported cases, results little short of marvelous. This treatment is now under consideration by the French Acad my, and reports of its success or failure are anxiously awaited.

In the study of Bacteriology, little of real importance has been noticed except the failure of the Pasteur inoculation in a few cases of rabies.

In the treatment of the insane, a new movement ably advocated by Superintendent Talcott, of the Middletown, N. Y., Hom opathic Asylum for the insane, commands, as anything from so competent a source must, respectful attention. After advocating asylum treatment in preference to home treatment, he says: "Whatever the form of insanity, all "patients suffering with physical exhaustion and tendency "to heart failure, should be, as a rule, obliged to take bed "treatment. It is surprising to observe the quieting effects "which follow this method of treatment in cases of acute "mania. These cases, up and about the wards, remain devoid "of self control, and continue to exercise, regardless of the "need of rest, until, worn and wasted, they pass with remark- "able directness into the hopeless realms of dementia."

While strong and confirmed in his strength of faith in homœopathically administered remedies, Dr. Talcott further insists most emphatically on the importance of the proper feeding of the insane and the beneficial effects of regular systematic school training.

In the proving and re-proving of drugs we can but notice with extreme regret the paucity of effort of the past year. On this Coast three things seem especially to demand our attention.

First. The study of our climate, and where at each portion of the year to send our invalids, and what portion of the State fits each particular case. Just now the attention of the invalid world is directed toward California, and the degree of exactness with which we are able to answer the inquiries we are sure to receive will determine largely the magnitude and continuity of the influx. This Coast should be the great health resort of this continent. A careful and thorough study of its advantages and disadvantages will do much to make it so. Let us make no mistake in this matter, and hold aloft no false lights. To return those who visit us benefited and satisfied, is to increase the tide, while every dissatisfied one will justly or unjustly delay and discourage multitudes.

Second, and scarcely less important, are our mineral springs. In the number and variety of these we are singularly fortunate, while in the lack of facilities for reaching them, accommodations at them, and reliable analyses of their waters we are singularly unfortunate.

Third, our indigenous remedies. These are numerous and valuable, but we know as a rule less about them than the squaws and Mexicans. Here is an outlet and a most worthy one for the enthusiasm of the younger members of the profession. While waiting for practice, benefit yourselves, your profession and your school by making studies of the remedies with which nature has so lavishly surrounded you. In our study and research in the direction of sanitation, the question of sewers and the disposal of sewage is one of the most important. California, with its peculiar climate and long rainless season, ought not to blindly follow the lead of other localities.

The Waring system of sewers, which excludes all surface

water, seems peculiarly adapted to a section having a long dry season. A large sewer with a small flow is of necessity a foul sewer, and if there must be some provision in the larger cities, as San Francisco, for disposing of the surface water, adopt the plan of some of the English cities and run the small pipes for house drainage through the main sewers, never allowing the contents of the two to mix, using the large sewers already in position for surface water only, then, if the small pipes are kept free, the clogging of a main sewer, instead of proving a threat to the health of the entire district, offers nothing more serious than the inconvenience of a slight inundation. In a country like California, where large sums of money must be spent for irrigation purposes, the problem of the disposal of the sewage of small towns and isolated houses is to turn it to use for the enriching of the soil. Uncultivated land can only take up so much, and the time comes sooner or later when the largest and best constructed cesspool can no longer safely be used, but who can set the day? In this lies its danger. Let us then with zeal, in season and out of season, urge upon those who are building country houses that if they would have something more than a fancied security they must avoid cesspools, but if you destroy the idols of a people, you must set up other gods for their worship; so if you destroy the cesspool you must be prepared to offer an acceptable substitute. Two offer themselves, surface and sub-surface irrigation, either a vast improvement over the cesspool, the latter the preferable. Gerhard in his "Drainage and Sewerage of Dwellings," says: "The sub-surface irrigation system consists essentially of two parts. First, a tight receptacle for liquid and semi-liquid house refuse, from which the water is discharged at intervals into a system of underground tiles. Second, a system of common two-inch drain tiles laid with open joints, a few inches below the surface of the ground, permitting the liquid sewage to escape at each joint, to be partly purified by the action of roots of grass or shrubbery partly oxidized by the oxygen attaching to the particles of soil near the surface."

Undoubtedly in many cases the great mythical dragons that inhabited the caves of olden time, suddenly overpower-

ing and sucking the life-blood of the brave or rash, were foul air and noxious vapors, so it is well for us as we walk the fair streets of our fair cities to remember that beneath these streets are networks of slimy hidden streets, yclept sewers, the home of the great dragon, sewer air, more fatal to our first born than the edicts of all the Herods since the world began. The knights who stand ready at hand to destroy this dragon are sunlight, fresh air and water. Admit the first and second into your houses without stint, and flood your sewers with the second and third, and the cries of the many Rachels throughout our fair land will be hushed and their wailings become hymns of rejoicing. Who ever saw a marasmic child in California? Who ever heard here of the dreaded second summer? Correct these few evils and then such a thing as an epidemic of any sort will be unknown.

The surgery of phthisis demands of us more attention than time will allow, but cannot be passed over without calling attention to the use of intra-pulmonary injections of microbicidal agents in incipient phthisis and the incision and drainage of the cavity in advanced tuberculosis. M. Verneuil, of the Paris School of Surgery, in an address on "Fashions in Surgery," which applies equally to medicine, descants after this fashion: "Even in this day, '*Prurigo Secandi*' is a "sporadic endemic and epidemic disease, for which no "vaccine has yet been found. Above all, in the special departments, are ultra-operators to be found, for when one "specialist cuts something, all his colleagues cut it also, "only they cut it in a different way and with an instrument "which is not quite the same."

Gynæcology and ophthalmology compete for the first place in this new race, but our author looks for the triumph of the former. This is a most pernicious fashion for a Homœopath to follow, and a most dangerous habit for him to acquire.

What our school demands is thought, study, research, individuality, and he who puts all of these to the very utmost of his ability into his work can alone claim that he has done and is doing what we have already said our profession demands of every one of us—his very best.

In conclusion, let me borrow my peroration from a paper entitled a "Plea for Investigation," by Dr. Cazier, which ap-

peared not long since in the *Kansas City Medical Index*: "It  
 " is a simple matter for a mason to build up a niche in a  
 " wall, but what if a hundred years after when the wall is  
 " torn down a human skeleton drop out? It was a plain  
 " piece of carpentry for a Jewish artisan to fit two pieces of  
 " wood together according to the order of Pontius Pilate.  
 " He asked no question, perhaps, but we all know what bur-  
 " den the cross bore on the morrow; and so with subtler  
 " tools than trowels and axes. The statesman who works in  
 " policy without principle, the theologian who works in forms  
 " without a soul, the physician who, calling himself a prac-  
 " tical man, refuses to recognize the larger laws which gov-  
 " ern his changing practice, may all find that they have been  
 " building *truth* into the wall and hanging humanity upon  
 " the cross."

## THE TREATMENT OF GUN-SHOT WOUNDS BY IM- MEDIATE ANTISEPTIC OCCLUSION.

By JNO. J. MILLER, PH. C., M. D.

READ BEFORE THE CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY, MAY  
 14TH, 1887.

GENTLEMEN—There has occurred within the last decade, or possibly the last fifteen years, a remarkable change in the treatment of gun-shot wounds, as well as surgery in general. We do not now look upon the peritoneum as that tissue which plainly says: "Touch me not." We have grown accustomed to seeing the abdominal cavity exposed, the intestines removed, examined and replaced; adhesions torn up; and even now incisions are made into this formerly forbidden ground only for purposes of diagnosis. The pleural sac and the cavity of the skull have suffered like changes. Ribs are resected, the pleura opened, and the whole lungs are bathed with antiseptics, with the hope of checking an advanced phthisis. A gummy tumor or abcess of the brain is diagnosed. The trephine is applied without the slightest hesitation, the membranes incised and the growth removed or evacuated. So in gun-shot wounds, we pursue a course of

treatment that a few years ago would have been considered madness—and so considered by the advanced surgeons of the day. Our sins according to old tenets are both of omission and commission, but particularly of the former.

There existed in the minds of physicians for many years, and still exists in the minds of the laity, an idea that the first thing to do when a man was shot was to probe for the ball and to remove it; to probe first with a silver probe, then a finger; that failing, go over your pocket case again and find a catheter which probably has not been cleaned since you last used it to draw the contents of a distended, ammoniacal, fermented bladder; that is passed down to the bottom of the wound, if you can reach it, causing acute pain to your patient, and effectually poisoning it throughout its whole length.

Our professor of surgery, in the days when the mysteries of the seven layers covering a hernial sac were being expounded to us, after showing us various probing instruments, would pause, and with a very wise air say: "But, gentlemen, after all, this instrument I now show you is the surgeon's best probe, the index finger; it is rare and expensive; not so much the instrument itself, but what accompanies it, viz: brains; the gray matter behind this probe, gentlemen, is what makes it invaluable."

That is all very nice, and we used to cheer heartily this annual sally. But just examine that "surgeon's best probe," and ten to one you would find dirt enough under its finger nails to render septic every wound it touched.

That surgeon who does not at once, on seeing a gun-shot wound, find the ball and get it out, is considered by the anxious friends as being of very little account. With what an air of expectation do they watch him and wait for the announcement, "There, I touched it;" and how triumphantly does he bring it forth. There is just about as much reason for gratulation at the removal of a bullet in a gun-shot wound as there was for that man who, when he signed his name to a note, remarked audibly, "There, thank the Lord, that debt is paid." In both cases the trouble is just commencing.

The idea that there is something essentially poisonous about the bullet which, on the principle of "removing the

cause," must be gotten rid of before the patient can be expected to improve, appears to be a belief that has been handed down to us from mediæval times.

Pierre Dionis, a French military surgeon, who wrote a treatise on "Chirurgical Operations," which first appeared in 1707, thus speaks of gunpowder: "Some Ages since there came out of Hell a Monster in the Habit of a Monk, who, trying Chymical experiments, invented a Composition of Saltpetre and Sulphur, which we call Gunpowder," etc., etc.

The surgeons of that day held the erroneous conception that gunpowder was poisonous—that the velocity of the ball generated such a heat that the parts were burned. Many years were required to correct these errors; unspeakable tortures were inflicted, and thousands of human lives sacrificed before the world learned to trust to nature and to cleanliness.

The laity of the present day are tinctured with that belief yet, an inheritance coming to them as straight as the tubercular diathesis.

In the war of the Rebellion, scarcely two decades since, the treatment of gun-shot wounds by immediate or primary antiseptic occlusion, was not known.

In the Franco-Prussian war it began to be noticed that a certain class of cases in which there had been no treatment or no interference whatever, no attempt at drainage, that the wounded men recovered, and that, too, without any supuration. But it remained to Karl Reyher, in the last war between Turkey and Russia, to demonstrate the advisability—the necessity almost, I might say—of treating wounds after this manner. I wish I had time to read you some of his tables of results, wherein large numbers of cases of gun-shot wounds, including fractured bones, and wounds opening into joints, are treated by different methods; by the *conservative expectant therapy*; by *secondary antiseptics*; and by *primary antiseptic occlusion*. You will find them in *Sammlung Klinischer Vorträge*, Nos. 142 and 143. By *immediate or primary antiseptic occlusion*, I mean simply this: the *immediate closure of the wound on antiseptic principles*. Immediate means as soon as you see the case, the sooner the better. I can define it better by describing the treatment of a case.

You are called to a patient shot two hours before; ball entered the front of the thigh, splintered the femur somewhat, and is lodged in the posterior thick muscles. There is slight oozing of blood, but there has been no application of any kind of dressing—for which you are thankful. You examine the wound carefully by the eye, but before touching it or the limb at all, you wash your hands, using a nail-brush to scrub under the nails. On examination, you ascertain the probable course of the ball and its probable position. You cannot see that from its position it is pressing upon any important organs, or by its mere presence alone it is causing any damage; therefore, you let it severely alone. You have not probed the wound with anything. If there should be a small piece of cloth at the mouth, you remove it, otherwise you allow no instrument or anything to enter. You now proceed, first, to wash the whole limb with soap and warm water, using a nail-brush to scrub the skin in the neighborhood of the wound. You may use water rendered antiseptic by carbolic acid or corrosive sublimate, just as you choose. I do not think it makes any material difference. While you are washing, you have prevented any water from entering the wound by simply plugging it with a pledget of borated cotton. Next you lather the part near the wound and shave it. Finally, wash it over slightly with alcohol or ether, to remove the oil and fat from the neighboring sebaceous glands.

Now you are ready to dress it. Remove the plug of borated cotton, it has probably become soiled during the washing, replace it by another clean one; then cover the wound and surroundings, for at least three inches on all sides, with either borated cotton, or any absorbent cotton rendered strictly antiseptic. The addition of a thin layer of styptic cotton, I have found to act very nicely. It allows a certain amount of oozing, but coagulates any great flow of blood. Cover your cotton with three or four thicknesses of antiseptic gauze; upon this pile more cotton, enveloping the whole limb, then another layer of gauze, and finally a bandage for retaining. Iodoform is dusted liberally throughout the whole dressing. Now put your limb up in a splint, whether you have reason to believe there is a fracture or

not, or even if there is no suspicion of fracture. *Perfect immobility* is desired in a flesh wound, just as much as in a fracture. Put your patient to bed and keep him there. A light, unstimulating diet and the usual hygienic procedures as to temperature of room, bowels and so forth. Now your only duty is to take your patient's temperature and pulse twice a day. In most cases, mind, I do not say all cases, in most cases if you have gotten the patient early, before anyone has tampered with the wound, and if in dressing it you have kept it strictly *aseptic*, that wound will heal without the formation of a drop of pus; the temperature will not be at any time over 101°; there will be no great pain, and in from ten days to two weeks you can take off the dressing and find the wound healed. In removing the dressing you observe the same precautions as in dressing it, *strict cleanliness and asepsis*. You may now allow your patient to get up or not, depending upon the amount of bone injury; if not, put on another dressing, which must not be removed for another ten days. THIS IS ALL. The bullet, if near the surface, can now be removed or not, at the will of the patient; but it is removed by another course than by the channel which it made by its passage in, and by a clean cut incision done with all due antiseptic precautions. The parts are not infiltrated and everything is in a much more favorable condition for removal. If it is not near the surface, and causes no pain, *let it alone*, it will do no harm. If, in the course of time, it does cause uneasiness, it can be sought for and taken out with much less trouble and danger than at the time of injury. But some of you will say, "This is all very nice, but suppose you do not get this flattering result; suppose your patient from the beginning has a great deal of pain; at the end of forty-eight or seventy-two hours his temperature is 103 or 4°, pulse high, limb swelling, and all the symptoms of pus formation. *What then?*" Then you remove your dressing and treat your wound by the open method of drainage, antiseptic washes, etc., etc.; *but not till then*. The thermometer will tell you whether there is suppuration going on or not, even if you had no other symptoms to go by, and so long as there are none, do not disturb the wound in the slightest. You have done no harm by your attempt to get union by first

intention, and if you fail, you have the open method to fall back upon. But if you succeed, one such success will so charm you that you will make the attempt in every case which falls to you afterward; it is so simple, so easy; no dressings twice a day of a long suppurating wound; no drainage tubes to be removed, cleaned, and replaced; no syringing with all manner of strong-smelling washes; the wound is dressed *thoroughly, correctly, cleanly*, once, and nature does the rest.

That such a result is possible, nay, even probable, with these precautions, is not so remarkable, when we remember that gun-shot wounds not infrequently heal when there has been no treatment instituted whatever; a healing which Esmarch calls: "Union per scab," or what is sometimes known as "non-antiseptic occlusion."

It is merely the healing of a wound when there has been no interference; when a scab forms and is allowed to remain. This renders the wound essentially a subcutaneous one, and we are only copying nature when we, by antiseptic pledgets and a bandage, in a like manner, convert an *open wound*, or a *compound fracture* into a *subcutaneous wound*, and a *simple fracture*.

Esmarch considers a man's prospects for recovery, in a large proportion of cases, much better where there has been no handling, probing, or searching after bullets, and allowing nature to form a scab, and heal the wound; than in those where the regulation examination is made, with its attendant misery incident to opening up the wound, looking for foreign bodies, etc. A simple gun-shot wound made by a bullet of moderate calibre is, as a general thing, *surgically clean*, until the surgeon arrives. That person, either to satisfy his own curiosity, or to allay the fears of friends, finds it incumbent upon himself to do something, and to do it at once; and that something now appears to be—to remove the ball. The barbarous manner in which the late President Garfield was probed and lanced, and his attendants even went so far as to have a special instrument invented to enable them to locate the ball, is only a fair sample of what the average public demands. And at the end of that awful summer of agony, and the poor frail remains were at last handed over to the patho-

logists, the ball was found, true enough, but not within a foot of the place where it had been located. That terrible bullet which was causing all the trouble, all the suppuration, pyæmia and death, was lying harmlessly encysted near its point of entrance.

I do not pretend to say that all gun-shot wounds are at first surgically clean, but the vast majority of them are. Even the presence of shreds of clothing, or spiculæ of bone in the wound have been shown by Bergmans to be *not necessarily* causative of suppuration. He reports cases of gun-shot wounds of the knee joint, in which the patient dying of some intercurrent disease, union of the wound was found to be perfect; yet pieces of cloth were found in the joint itself, and small particles of bone encapsulated in the crucial ligament. These certainly had not been nuclei for the suppurative process, as we are generally led to believe they should have been. Therefore, unless there is absolute evidence of sepsis in the wound at the time of its first examination by the surgeon, he should consider it *aseptic*, and do nothing which would be likely to *cause sepsis*. He should give the patient the benefit of any doubt as to its purity. The appearance of the wound, and the surrounding parts, as well as the condition of the patient, will decide this matter generally; though many times those cases are met with which are just on the border line. In such cases I should certainly treat them by the occlusive plan, and if it failed, there is nothing lost.

How long then, as a general thing, after the receipt of a wound should the surgeon expect to find it in an aseptic condition? No particular time can be stated. Some wounds become septic, or are made so, only a few hours after the injury. In others, a day, or even two, may elapse and still a careful dressing be followed by no pus formation. A gun-shot wound of the knee joint was considered by our surgeons in the Civil War as a fit case for amputation—amputation at once. They had learned by experience what to expect. Inflammation, suppuration, synovitis, patient in the hospital six months, and death; or if not death, an ankylosed joint, and a constitution utterly broken. Such is the case no longer.

Karl Reyher's statistics are for knee-joint wounds only, as treated by the primary occlusive method—16 per cent.

mortality and 83 per cent. with a movable joint. In those treated by drainage and secondary antiseptics, 85 per cent. mortality, and *none with any motion who recovered*. Are all wounds suitable for this method of treatment? Not all, the exceptions being, with a few reservations, first, wounds of the abdominal cavity; second, wounds of the skull, involving the brain; and third, wounds complicating large vessels. Any wound involving a large artery where the hemorrhage is profuse, calls for immediate ligation. There can possibly be no other course; such a case could not be treated by primary occlusion, since the operation of tying the vessel would very likely infect the wound. It might not, though it would be very apt to. Such a wound would then be disinfected and be treated by secondary antiseptics. Sir William MacCormack's rule being *thorough disinfection, immobility, and infrequent dressings*. A wound of the peritoneum, either where there is much bleeding or where there is likelihood of the intestines being injured, is at the present day converted into a case of laparotomy at once. Some surgeons hold that laparotomy should be done in all cases, and if the intestines are found to be cut, to suture them, wash out the cavity and dress with free drainage; if they are not in any way injured, simply to wash out the cavity, and drain as before; but to be sure that no wound exists internally that could afterwards possibly set up peritonitis.

In wounds to the skull, with pressure on the brain mass, we, of course, must relieve that pressure; that is of the first importance. The treatment, the particular kind of treatment, for such a wound being a secondary consideration. But in all that large class of cases where the injury done by the bullet need not, of necessity, be fatal; where there is no call for ligation of vessels, or where the wound need not be entered for the removal of some object *which palpably would infect it*, in such cases primary antiseptic occlusion can be used, and I think with the most brilliant results. Esmarch recommends as part of the outfit for soldiers to carry with them in battle, *antiseptic balls*, composed of salicylic wool, or jute, with iodoform gauze, and the whole enclosed in oiled paper. They are instructed in the proper way of applying the tampon immediately on the receipt of the injury. Sir William

MacCormack makes similar recommendations. He particularly inveighs against the indiscriminate probing and meddling with gun-shot wounds.

The following cases I take from my diary. I would not be understood as stating that all cases are as uniformly successful as these detailed, but one case in which success crowns your efforts is such a satisfaction that you will be tempted to try the occulsive treatment in every one:

I. David Rearick, aged 27; American; mechanic. On the 3d of September, 1884, was shot with a Colt's revolver, 44 calibre, at a distance of about twelve yards.

The ball struck about two inches below the external tuberosity of the left tibia, nearly opposite the insertion of the ligamentum patellæ, and in a slanting direction. It passed upward and inward immediately under the patella, and lodged on the inner side of the left thigh, about the middle third, an inch and a half below the surface, in the body of the vastus internus muscle. At the point of impaction against the spongy portion of the external tuberosity it ploughed a perceptible groove in the bone. The patient was seen within a half an hour from the time of injury, and luckily nothing had been done by the friends toward washing or dressing it. There was but little hæmorrhage, a small amount of blood oozing from the wound, which was somewhat larger and longer than is usual with the point of entrance in shot wounds, owing to the slanting direction taken by the ball, glancing along the bone, which at that point is merely covered with skin and superficial fascia. Welling up from the center of a pool of blood could be seen rather large coherent drops of a honey-like fluid, which did not coalesce with the blood, but remained separate and distinct. This I afterward examined and demonstrated to be synovial fluid. It contained albumen and a few epithelium cells, no blood corpuscles. This proved conclusively that the joint cavity itself had been opened, if there had been any doubt about it. The wound was plugged, the parts washed, scrubbed, shaved and washed again with alcohol. It was then dressed dry with antiseptic cotton, iodoform being dusted liberally over the wound and throughout the dressing; bandage put on over the entire limb and a posterior splint, improvised from a barrel stave, applied firmly,

the limb being slightly flexed; patient placed in bed. The wound was not probed; the ball could be felt by deep pressure on the inner side of the thigh, but it was not molested. The highest temperature reached was on the evening of the second day, when it touched  $101-2^{\circ}$ . Patient was kept in bed and nothing further was done until the tenth day, when the dressing was removed and knee examined. A hard, firm scab filled the wound, and it was not disturbed. The edges were of a normal color; no evidence of the slightest formation of pus. Dressing and splint again applied, but the patient was now allowed to get up and walk with the aid of crutches. After ten days the wound was again examined and found to be healed. The limb was now flexed and motion was easy for the patient up to three-fourths of the normal arc, and in one week was perfect. There was no pain to speak of after the second day. The bullet was removed six weeks afterward; found to be encysted, lying quietly, causing no discomfort. It had lost 116 grains in weight on comparing it with a ball taken from an unfired shell of the same calibre. The loss appeared to be all at one point where it had scraped or ground against the bone during its passage. I have never ascertained what became of those 116 grains of lead. The man was working, and with perfect motion of joint, four weeks after receipt of injury.

II. John McLean, 36; native Nova Scotia; rancher. Shot accidentally, 1st March, 1885, by dropping his own revolver, a 45 calibre Colt's, from his belt, and hammer striking on a rock at his side. Ball entered at a point in front of and on a level with the inferior angle of the right scapula, ranging up alongside of or partially under the external border of the scapula, and made its exit at a point one-half inch internal to the acromio-clavicular articulation. Patient had to walk four miles to my office. There must have been at first quite severe hæmorrhage, since his clothing was soaked with blood, it having run clear down to his feet; but at the time of examination it had nearly ceased. At the point of exit, a spicula of bone, one-half inch in length, was found lying transversely in the wound; this was removed. It appeared to be a small portion chipped off the spine of scapula or the inferior margin of the acromion process. Other-

wise the wounds were not entered. They were washed, shaved, and dressed dry—antiseptically—arm put in a sling, and the entire arm and shoulder bandaged so that they were immovable. Considerable pain was experienced at first, but the temperature not rising above  $100.8^{\circ}$ , it was not deemed advisable to change anything; and the patient was quieted by promises of relief in a few days, in which he was not disappointed. On the seventh day, patient desiring to return to his ranch, and wishing me to look at his shoulder before going, I removed the dressing. At the lower wound found a few drops of pus, at upper, none. Dressed again similarly, arm immobilized as before, and patient directed not to remove the bandages under two weeks. I saw him again on the thirtieth day after the receipt of the wound. There was no pain, swelling, or anything pointing to an injury, and the union was complete. The joint remained slightly stiff for two months, but gradually wore off, and when I last saw him he could throw a riata as well as any vaquero on his ranch.

I will not weary you by the report of any more cases in detail, but merely give a synopsis.

GUN-SHOT WOUNDS WHERE IMMEDIATE ANTISEPSIS OCCLUSION WAS INSTITUTED.

	Cases.	No Sup- puration.	Sup- puration.	Death.	Re- covery.	Mor- tality.
Thorax.....	2	1	1	0	2	0
Abdominal Parieties*.....	1	0	1	0	1	0
Hip-joint † .....	1	0	1	1	0	100%
Knee-joint. ....	1	1	0	0	1	0
Foot .....	2	1	1	0	2	0
Hand .....	1	1	0	0	1	0
Soft Parts, Uncomplicated ‡	5	3	2	1	4	20%
	13	7	6	2	11	15+%

TREATED BY OPEN METHOD AND DRAINAGE, WITH ANTISEPTICS SECONDARY.

	Cases.	No Sup- puration.	Sup- puration.	Death.	Re- covery.	Mor- tality.
Thorax, complicated § .....	3	0	3	3	0	100%
Thorax, uncomplicated    ...	1	0	1	0	1	0
Soft parts, uncomplicated **	1	0	1	0	1	0
Femur †† .....	1	0	1	1	0	100%
Knee-joint ‡‡ .....	1	0	1	0	1	0
	4	0	4	1	3	25%

\* Case not seen for forty-eight hours after injury, and was septic.

† Died ninety-second day—septicæmia.

‡ In this one case that died, owing to the bad sanitary environment, the wound became septic and patient died seventy-second day after passing out of my hands.

§ In these cases it is only fair to say that hæmorrhage and shock were severe, and death soon.

|| Suppuration profuse, but recovery finally took place.

\*\* Recovery one hundred and thirtieth day, but permanent contracture of limb and ankylosis.

†† Died on one hundred and twenty-first day. ‡‡ Ankylosis complete.

I do not include three thorax cases in giving mortality average.

In the reports of Karl Reyher, of results obtained by him in the Russo-Turkish war, I find, of 46 cases of wounds of different joints, treated by immediate occlusion, his mortality was only 13 per cent. Of 78 cases, similar in other respects, treated by secondary antisepsis, or where antisepsis was a secondary consideration, mortality was 61.5 per cent. In another series of 62 cases, wounds of joints, without primary precautions, 63 per cent died. In a neighboring hospital, during the same campaign in the Caucasus, Reyher saw seven cases of uncomplicated wounds of the soft parts die of pyæmia. Under his own primary antisepsis he lost none. And more than this, one point which I have not sufficiently emphasized before—in all these cases, Reyher saw erysipelas but three times—there were only two cases of tetanus and *no* gangrene. Moreover, out of 46 cases of shot-wound of joints, it was only necessary four times to depart from the system of primary occlusion, whereas, of 75 cases treated by secondary antisepsis and drainage, in 54 of them resections or amputations were required. Could anything be more conclusive?

Then to summarize, the indications are what?

I. *Non-interference with the wound tract.* Allow nothing to enter the wound—probes, fingers, forceps, or anything, *except it be to tie a vessel, relieve pressure on some important organ, or to remove some palpably infecting material.*

II. *Immediate occlusion of the wound, by some dry dressing—an antiseptic dry dressing in all cases.*

III. *Absolute cleanliness.* The wound must be kept *aseptic*. It must never arrive at that stage where *disinfection* is necessary.

IV. *Immobility of the part.* The limb or whatever part of the body is injured, is to be rendered as nearly immobile as possible, be it a joint or not. *Passive motion during the process of repair is not to be thought of. If there is no suppuration there will be no ankylosis.* Any of the various kinds of splints may be used to secure immobility, but plaster paris I have

found especially convenient. You may require a bracketed splint in the region of the joints, but here, also, the plaster can be used most advantageously.

V. *General hygienic measures.* Diet, bowels, etc., to be looked after.

VI. *There is no drainage,* except in so far as a small amount of the oozing is taken up by the capillarity of the cotton dressing. If the wound is aseptic all the fluids effused throughout its course will be reabsorbed. It is only when suppuration takes place, which we expect to prevent by this mode of treatment, that nature attempting to purge herself of the broken down products of decomposition, and forcing them from out the wound, that we then have to step in and assist her by free drainage, using position, pressure, drainage tubes and all the means well known to you for securing that end.

In closing, then, are there no objections to this mode of treatment? The only possible objection which I think could be urged would be the fact that the physician in attendance never gets the credit which is due him from his patient. The public have grown so accustomed to the frequent, prolonged and painful dressings that usually accompany shot wounds that they think something more is necessary than simply putting up the injured part once thoroughly and then leaving it alone. They want the attendant to do something for them every day. Very often they want to see the wound themselves, and considerable difficulty is had in preventing them from removing the dressing and satisfying their curiosity. When they begin to realize that no awful calamity is going to befall them from the treatment pursued, they then begin to think that they were not so badly wounded after all; in other words, they get over their scare.

Then when the physician, in congratulating himself and them over their speedy recovery, is only met with some remark about their "excellent constitution," and that "they never thought much was the matter, anyway." This is somewhat disheartening, but its true. That same patient, if he had been syringed twice a day, for a month, with carbolic acid, or Labarraque's solution, if he had been poulticed and

purged, and poulticed again, with quite probably two or three days of erysipelas, and finally recovered, then there might be some gratitude displayed. A doctor who could bring a man through such a siege must be a good surgeon.

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### COLICA INFANTUM

By PROF. WIDERHOFER, VIENNA. TRANSLATED BY S. L.

One of the most frequent symptoms observed in dyspepsia and intestinal affections, and arising from many causes, is colic, so often seen in children, and we may well ask, how does a child then act? A nursing child suffering from colica flatulenta lies quiet, when suddenly it seems to be frightened, screams, becomes red in the face, the head is thrown back, the abdomen bloats, the hands become restless, the legs are drawn up and again extended, the toes stand apart. After discharging flatus, the child is quieted till another attack sets in. Often such an attack causes convulsions. During its crying spell and continual motion of the legs, it suddenly becomes quiet and when looking at it we see it attacked with clonic and tonic convulsions; the head drawn sideways; twitching with the upper and lower extremities. These reflex spasms, partly clonic, partly tetanic, in consequence of intestinal irritation, may last from a few minutes to an hour, or over, even, with short interruptions, a whole day. Attacks of colic arise from different causes. The child is incorrectly nourished, or it receives food which it cannot digest, or it will be overfed. Everything which produces dyspepsia, may cause colic, with larger children by anomalies of the gastric and intestinal contents, especially with such as bolt their food, and we witnessed the worst cases in idiots, who eat everything and never know when they have enough. I knew such an idiotic child, who swallowed flour, raw potatoes or other vegetables in such quantities, till an attack of colic set in; his father, a physician himself, chloroformed it then, till everything was thrown up and the attack was over.

The question is of importance whether in nursing children a colic may arise from mental irritation of the nurse; it is

certain that when children take the breast during such a depressing emotional state of the nurse, attacks of colic and even convulsions may follow. It may also be caused by intestinal worms, by constipation, and the most severe attacks are those which show changes in the intestinal mucous membrane; children suffering from chronic intestinal catarrhs, from cholera infantum or dysentery may have colicky attacks with symptoms of collapse; in intestinal stenosis, in intussusception, in twisting of the intestines, the attacks may be of the greatest severity. We also meet cases of colic in affections of the central nervous system, in spinal affections and infantile cases of intermittent fever manifest themselves by regular attacks of colic; appearing at one and the same time without any preceding prodromal symptoms. There is also a hysterical colic, especially in girls of five to twelve years. It may be worth while to mention that children may suffer from lead-colic, as they often play with things which are impregnated with lead, as rubber toys or when they paint\*. When this colic sets in the symptoms are the same as in adults from the same cause; abdomen sinks in, the bowels become contracted and obstinate constipation results.

In relation to the diagnosis in a child suffering from flatulent colic; how do we know that the reflex spasms arise from such a cause? When an infant feels well at one time, at another time suffers several times during the day from colicky attacks; when the passing of flatus gives momentary relief, when the abdomen remains more or less bloated, when dyspeptic symptoms are present, when no cerebral symptoms or any fever can be found, we are justified in diagnosing the case as a flatulent colic. I well remember a case where the

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\* I treated last winter such a case, where a little girl of three years, the daughter of artists, for father and mother are excellent painters, passed her time in the studio. The child lost steadily flesh, suffered from dysentery, alba, from constipation, abdomen drawn in, legs drawn up; the attacks came on at irregular times, day or night, and she only was quiet and engaged herself in the fresh air, or when riding on the elevated railroad. After the failure of many remedies, Plumbum, high and low, was given, and as it seems so fully indicated, its total failure was a sorry disappointment. The parents were then advised to take lodgings in other quarters, some distance from the studio; and from the day the change was made the colic ceased, the bowels became regular and a full recovery followed.

colicky attacks, in intervals of five to ten minutes, lasted twenty-four hours; in spite of bromide of potash, opium, hydrate of chloral, clysmata, etc., and still it was only simple dyspepsia, caused by an otherwise excellent nurse, whose milk was too rich or fat, and, therefore, indigestible. Another nurse was provided, and from that moment the colic ceased. In other cases of infantile colic, we have to differentiate whether that colic is more of a nervous nature, more of a neuralgic character, or a colic caused by ulcerating changes in the intestinal mucous membrane, and this decision is sometimes difficult. One should think that, when ulcers are present in the intestinal canal, the child would show us the painful spot, but this is not the case. Children of the age of seven to ten years, suffering from belly-ache, complain of pains around the navel. It may happen once in a while when the ulcers have advanced so far as to produce an adhesive peritonitis, that they complain of a particular painful spot, but such cases are rare. Important points may be found in the motions of the child; in colic from ulcerative processes, the child complains of belly-ache, draws up its legs and keeps quiet; in nervous colic, the child is restless, moves from one side to the other and does not care to keep its intestines quiet; in ulcerative colic, or in that from enteritis follicularis, the characteristic alvine discharges are detected. In colic from stenosis of the intestinal tube we meet bloody mucus in the stool, and the parents tell us that the child had no regular stool for some time, and it looks greatly collapsed, as in cholera.

The prognosis depends greatly on the cause, for cases have ended in death; for when frequent attacks last several days, the child may die from exhaustion. The therapia also finds its indications in the cause, where coprostasis is present, removal of the impacted fæces; in helminthiasis anthelminthica, in colic from ulcerative processes, a careful treatment with mucilaginous drinks, perhaps opiates. In colica flatulenta, our first indication is to lay the child down on a pillow and to give massage by rubbing the abdomen gently from the ascending to the descending colon; after a few minutes of massage let us introduce a rubber tube into the anus and rotate it there; after a few minutes, flatus will pass, to the great re-

lief of the little patient, or we may give a warm bath and carry on the process in the bath. Only in very severe cases we may be forced to give a clyisma of hydrate of chloral. After relieving the attack we must regulate the diet of the child. In nervous children, or hysterical girls Wertheimer recommends Liquor Belladonnæ cyanicum (Extr. Belladonnæ, 0, 10; lique amygdalarum amararum, 5, 0-10,00; Ds. 10-20); drops every three or four hours. This also acts splendidly on the obstinate constipation, where purgantia, as a rule, fail to give any relief.

Even in our school there is no better remedy for the flatulent colic of children than *Belladonna*, for we read among its symptoms: the child cries out suddenly, and after a while it stops crying as suddenly as it began, and appears as if nothing had happened; convulsive starting with jerking of the muscles; bending backward during the colicky pains, abdomen tympanitic and full of wind; stools green, small and frequent.

The very opposite we find under *Bryonia*, which may therefore find its place in those ulcerative processes with peritonitic adhesions; the child has to be kept very quiet in order to relieve its colic and other sufferings; the stools are dark, dry and hard, as if burnt, or lumpy diarrhoea, with undigested food or curdled milk, especially when hot weather seems to develop the colic.

In the violent emotions of nurses we may give the suitable remedy to the nurse and thus ward off its baneful effect on the nursling; but when convulsions threaten, or have set in, our mind easily reverts to darling *Chamomilla*, which from ancient times has been the panacea for infantile colic. The restlessness of the child evinces the nervous nature of the colic; the child must be carried about, and frets worse from rest, which makes it cross and peevish; the child feels dissatisfied after nursing, its breath may even be sour or foul (dyspeptic colic); moaning in sleep, with hot, sticky sweat on forehead, etc.

If the *Belladonna* colic is relieved by hard pressure across abdomen, or *Rhus* colic by lying on abdomen, we meet in *Colocynth* (a great emotional and nervous remedy) relief by bending double or by supporting the child on the shoulder

of the nurse. Pitiful crying of the child, which writhes in every possible direction, undigested stools during or immediately after nursing, frothy, frequent, preceded by severe colicky pains.

Acknowledging our belief in Schussler's tissue remedies, we often prescribe with good success *Magnesia Phosphorica* for the wind colic of children, with or without diarrhoea; where other remedies fail to relieve, and flatus neither pass up or down, we certainly would think of this drug.

A much neglected remedy is *Cleander*, and still it is a peer in lenteria. The child always soils himself while passing flatus; there is rolling and rumbling in the bowels, with emission of much (sometimes fetid) flatus.

The same symptom of relief by carrying the child with the abdomen resting on the shoulder of the nurse and pressing freely against it, which we found under *Colocynth*, is also met under *Podophyllum* and *Stannum*, but the former also gives us a very characteristic diarrhoea, foul smelling, profuse and gushing, often painless, each seeming to drain the patient dry, but soon the intestines feel full again, whereas *Teste* teaches us that *Stannum* is a great remedy in helminthiasis; the morning aggravation of *Podophyllum* is also a valuable hint.

Nurses, and especially wet-nurses, are an abomination, for our Biddies are too fond of a wee drop; they are often careless in the selection of the food, and being sure that they will not acknowledge their sins of commission we often need *Lycopodium*, *Nux Vomica* or *Pulsatilla* to correct the dietary mischief done by wet-nurses.

How often do we find that our well chosen remedies fail, and we have to fall back on an anamnesis, which often is difficult to get from parents or nurses. The sins of the father shall be punished in the third and fourth generation, and Syphilis or Psora are no idle dreams. Some of our hypocritical friends may sneer at *Syphilinum* or *Psorinum*, but both have stood us well in the hour of need, and the anxious mother, wore out by watching over her screaming child, thanked us for the little sugar pills which gave so much relief. Where *Barium*, *Lime-salts*, or *Sulphur* fail to rectify the faulty constitutional ailments, in order to give our reme-

dies a chance to heal, it is wrong to shrink from a remedy which they consider nasty, forgetting entirely that it is a fatal error to neglect anything whereby we can insure health to a little sufferer.

I mentioned only a few remedies, in order to show the wealth of our *Materia Medica*, and the key-note system teaches us what an apparent trifling symptom may become the corner-stone of the cure. Morphium injections to allay pains, are the grand certificate to the physician that he does not know any better—a certificate to poverty which none of us are willing to acknowledge.—*Allg. Wien, Med. Zeitung*.

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## REPORTS OF SOCIETIES, ETC.

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### CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY.

The Eleventh Annual Meeting of the California State Homœopathic Medical Society met at the Hahnemann Medical College, San Francisco, on Wednesday, May 11th, 1887, at 8 o'clock P. M.

A large number of members and visitors were present.

The President, Dr. Simpson, called the meeting to order at 8:15 o'clock.

The following physicians were elected to membership, viz: Drs. C. L. Tisdale and T. P. Tisdale, of Alameda; J. C. Thompson, Santa Rosa; Frank C. Sanborn, Galt; H. L. Stambach, Santa Barbara; Amy G. Bowen, Healdsburg; Annie B. Wrightman, Napa; J. L. McClelland, Fresno; F. de W. Crank, Pomona; H. L. Bradley, Fairfield; B. F. Mertzmann, San Diego; L. E. Kelley, Oakland; Julia F. R. Button, Los Angeles; A. B. Bishop, J. J. Miller, San Jose; S. Lilenthal, J. E. Lilienthal, J. N. Kellogg, Sidney H. Smith, Chas. G. Merrill, M. F. Grove, San Francisco; C. H. Griswold.

The Secretary read a letter of resignation from Dr. Loomis, of Alameda, which was accepted.

The President then delivered his Annual Address; at the conclusion of which the Society tendered a vote of thanks, and voted that it be printed in full in the next issue of the CALIFORNIA HOMŒOPATH.

Under the head of "Motions, Resolutions, Etc.," the following, signed by a number of members, was introduced:

WHEREAS, *Dr. J. M. Selfridge has, in the opinion of this Society, violated Article I of the Constitution, and has also acted in an unprofessional manner toward his fellow-members; and*

WHEREAS, *He is a detriment to the Homœopathic profession on this Coast; therefore, be it*

RESOLVED, *That Dr. Selfridge be invited to hand in his resignation as a member of this Society.*

The above motion was carried by a vote of thirty to eleven.

Dr. Selfridge refused to accede to the wishes of the Society, and proceeded to speak of matters that had been disposed of in Committee of the Whole during the session of last year. The Society, not wishing to listen to private grievances, called the doctor to order, and he subsided.

The following were elected officers of the Society for 1888: President, Dr. G. H. Palmer; First Vice-President, Dr. S. P. Burdick; Second Vice-President, Dr. C. A. Goss; Secretary, Dr. A. C. Peterson; Treasurer, Dr. W. A. Dewey. Board of Censors:—Dr. S. P. Burdick, Dr. G. E. Davis. Dr. C. W. Bronson, Dr. W. E. Ledyard, Dr. E. W. Bradley. Board of Directors:—Dr. J. N. Eckel, Dr. J. A. Albertson, Dr. Wm. Boericke, Dr. M. F. Edmonds, Dr. Jno. Townsend. Board of Examiners:—Dr. Wm. Boericke, Dr. Geo. E. Davis, Dr. Jas. W. Ward, Dr. Sidney Worth, Dr. R. H. Curtis, Dr. A. C. Peterson, Dr. H. C. French. Alternates:—Dr. W. A. Dewey, Dr. E. R. Ballard.

The Society then adjourned to meet Thursday at 10 A. M.

#### MORNING SESSION—THURSDAY, MAY 12TH, 1887.

The President called the Society to order, and the Scientific Bureaux were called.

*Clinical Medicine.*—Dr. Worth read a paper entitled "Mercury in Diphtheria," which lead to a general and interesting discussion.

Dr. J. T. Martin: subject, "Can Self-limiting Disease be shortened by appropriate Homœopathic Medication?"

Dr. G. H. Martin read a very instructive paper, full of practical advice, upon "The Climatology of the Sandwich Islands."

Dr. McNeil read a record of a few cases cured with high potencies.

Dr. Bishop read a paper on his experiences with Oxygen in Therapeutics.

The Society then adjourned till 2 o'clock P. M.

#### AFTERNOON SESSION.

*Diseases of Women.*—Dr. Kellogg read two papers for Dr. Ballard, the writer being absent, viz: "Etiology of Dysmenorrhœa," and "Care of New-born Infants."

*Obstetrics.*—Dr. G. E. Davis read a paper upon "Anæsthetics in Natural Labor."

The Secretary then read a paper, by request of the absent writer, Dr. Mertzmann, entitled "Aneurism of the Arch of the Aorta, in which Exophthalmic Goiter was the Exciting Cause."

*Surgery.*—Dr. Miller read an exhaustive paper upon "Treatment of Gunshot wounds by means of Immediate Antiseptic Occlusion."

Dr. Selfridge read a paper on "Non-union of Bones."

*Ophthalmology and Otology.*—Dr. Green: subject, "Glaucoma."

Dr. Simpson read a paper entitled "Diagnosis of Eye Diseases Without the Use of the Ophthalmoscope."

Dr. Petersen: subject, "The Tympanum."

Dr. G. E. Davis read a favorable report of his censorship at the last examinations of the Hahnemann Medical College.

Dr. G. H. Martin was elected the representative of the Society to the coming session of the American Institute of Homœopathy.

Dr. G. E. Davis referred to the matter suggested in the Annual Address of the President of the Old School Society, urging that the three distinct Boards of Examiners be con-

solidated, and cautioned the members to be alert regarding this insidious scheme.

The following motion was introduced:

*“Resolved, That a committee of five be appointed to re-arrange the By-Laws of this Society. Such re-arrangement to consist of an amendment providing for the suspension or expulsion of members, if such course be necessary for the interests of the said Society; also, that said Committee be instructed to make any other change in the By-Laws they shall, in their judgment, deem wise; and that two-thirds majority be necessary to expel objectionable members, and to report in writing at the next annual meeting of the Society.”*

The committee appointed consists of Dr. G. E. Davis, Dr. Sidney Worth, Dr. Jas. W. Ward, Dr. J. A. Albertson, Dr. S. P. Burdick.

The retiring president, Dr. Simpson, congratulated the Society upon the successful meeting, and upon the number of papers the members had carefully prepared, and the unusual interest generally manifested.

Drs. Worth and Palmer were appointed to conduct the President-elect, Dr. Palmer, to the chair.

Dr. Palmer greeted the Society briefly, and extended thanks and appreciation of his election to its highest office.

On motion, the following was adopted:

That the CALIFORNIA HOMŒOPATH be declared the official organ of the Society, and that papers presented at its meetings be handed to the editor for publication.

The Society then extended to Dr. Simpson a vote of thanks, for his uniform courtesy to all its members, and for his executive ability under peculiarly trying circumstances.

The Society then adjourned.

A. C. PETERSON, M. D., Secretary.

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THE Commencement exercises of the New York Homœopathic Medical College were held in Chickering Hall on the afternoon of Thursday, April 14th. Prof. T. F. Allen, the Dean of the Faculty, in his introductory address, briefly reviewed the work of the year, and then announced to the audience the pleasing fact that two citizens of New York had

already promised him \$25,000 each for a new College building and free hospital, and that other donations would swell the fund to \$100,000 with many friends of Homœopathy yet to hear from. The degree of M. D. was then conferred by Hon. Salem H. Wales, President of the Board of Trustees. The graduating class numbered forty-six, having entered upon the year with fifty-three. Prof. St. Clair Smith, President of the Faculty, presented the Senior prizes for the best averages throughout the entire course. The first faculty prize, a \$100 microscope, was awarded to E. D. Fitch, of Worcester, Mass., and the second prize, a \$50 microscope, to James Crooks, Jr. The honor men were B. W. Stillwell, J. J. Russell, W. W. Johnson, R. P. Fay and S. I. Jacobs. The Wales prize, a Helmuth pocket case for the highest average in all the Junior and Middle studies, was awarded to F. W. Hamlin, of the Middle Class. The Class Valedictory by Geo. B. Best concluded the exercises of the afternoon. The annual alumni dinner at Delmonico's occupied the evening. Dr. Selden H. Talcott, of Middletown, was the toast master, and proved as usual the right man in the right place. Toasts were happily responded to by Dr. Fisk of Brooklyn, Eliha Rort, Dr. Dowling and Rev. Dr. McArthur. Dr. Helmuth read one of his inimitable poems, and B. W. Stillwell spoke for the new graduates. A handsome subscription from the Alumni and Faculty for the building fund was a prominent feature of the occasion.

L. L. DANFUTH, M. D., Secretary.

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THE Annual Meeting of the Oregon State Homœopathic Society was held on May 2d.

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### Personal Notes, Locations, Etc.

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DR. JOHN J. MILLER, a well-known surgeon and homœopathist, has opened an office in San Jose, at No. 177 South Second street. An excellent paper by the doctor, read before the recent meeting of the State Society, appears in the present number of the CALIFORNIA HOMŒOPATH.

DR. A. L. SHEPHERD, formerly of Cincinnati, has located at Etiwanda, California.

ON account of the absence of the editor, Dr. WM. BOERICKE, the present number of the CALIFORNIA HOMŒOPATH is prepared by Dr. W. A. DEWEY, upon whom all the labor of seeing it through the press has devolved.

DR. F. E. BOERICKE, of Philadelphia, the well-known homœopathic publisher, who has been seriously ill near San Diego for several months, has been removed to his country home in New York, in a special car, in order to forego the numerous changes of the long journey. He was accompanied by members of his family and Dr. WM. BOERICKE.

DR. G. H. MARTIN, of Honolulu, who lately has been visiting his old friends in San Francisco, read a very able paper on the "Climatology of the Hawaiian Islands," before the State Society. The doctor has had wonderful success in popularizing Homœopathy in the Sandwich islands. He is at present visiting friends in the East, and will attend the American Institute, to which he was appointed a delegate by the Society.

DR. G. E. DAVIS was fishing and hunting at Mount Shasta during the month of June, and is ready for work again, greatly improved in health and spirits.

DRS. LILIENTHAL, recently from New York, have opened offices at 729 Sutter street, Dr. LILIENTHAL, Sr., devoting himself to consultation practice exclusively.

WE were recently favored with a most enjoyable visit from Dr. T. G. COMSTOCK, the eminent homœopathist of St. Louis. The doctor was out here for rest and sight-seeing.

THE following homœopathic physicians have been licensed by the Board of Examiners of the California State Homœopathic Medical Society since January, 1887: Chas. C. Olmstead, M. D., Pomona; W. N. Davis, M. D., Los Angeles; D. E. Stratton, M. D., Chinese Camp; G. F. Whitworth, M. D., Los Angeles; J. A. Sapp, M. D., San Jacinto; S. S. Salisbury, M. D., Los Angeles; Samuel Lilienthal, M. D., San Francisco; Julia F. Button, M. D., Los Angeles; John J. Miller, M. D., San Jose; C. W. Bronson, M. D., Alameda; H. R. Fetterhoff, M. D., Los Angeles; Jason Steele, M. D., Los Angeles; James E. Lilienthal, M. D., San Francisco; Horace Bowen, M. D., Alameda; Wm. P. Holyoke, M. D., Los Angeles; C. H. Griswold, M. D., Napa; Hannah M. Brown, M. D., Los Angeles; Francis C. B. Gehricke, M. D., Pasadena; Charles A. Dorman, M. D., East Oakland.

DR. PHILIP PORTER has been appointed Professor of Gynæcology in the Pulte Medical College of Cincinnati, Professor EATON having resigned.

DR. J. W. DOWLING has removed his office from 313 Madison avenue to No. 6 East Forty-third street, New York.

**DIED.**—At Easton, Pa., April 21st, Dr. HENRY DETWILER, aged 92 years. Dr. DETWILER dispensed the first homœopathic remedy in America, and is believed to have been the oldest homœopathic physician in the world. He was born in Switzerland, and came to Philadelphia in 1817 and commenced practice.

Dr. BUSHROD W. JAMES, of Philadelphia, Pa., has opened in connection with his Homœopathic Eye and Surgical Institution, a register for nurses, in which is kept a carefully selected list of trained and other first-class nurses, whose services can be commanded at a short notice. A similar arrangement in San Francisco would be very acceptable.

Prof. C. B. CURRIER, M. D., has just received from the East, according to the manufacturer's testimony, "the most elegant set of Compound Oxygen apparatus ever shipped to this Coast." The doctor is enthusiastic in this important accessory to his specialty, and hopes soon to devote himself entirely to office practice in it. The manufacture of the Oxygen is under the superintendence of Dr. E. S. CLARK, Professor of Chemistry in the College, which assures its careful preparation and purity.

Dr. W. R. JONES, M. D., has located at Alhambra, Cal.

Dr. J. W. F. HARTLEY has removed his office to 223 Post street.

**LOCATION.**—Kelseyville, California, is a promising field for a Homœopathic physician. Rich farming locality.

Dr. P. W. POULSON has removed his office to 526 Kearny street, between Sacramento and California. Hours, 2 to 4 P. M.

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## NEW PUBLICATIONS.

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**Drugs and Medicines of North America.** A quarterly, devoted to the historical and scientific discussion of the botany, pharmacy, chemistry and therapeutics of the medicinal plants of North America; their constituents, products and sophistication. By J. N. & C. G. LLOYD, Cincinnati. Vol. II; Nos. 1, 2, 3.

This able publication is admirably carried out in all the details mentioned in above title. One volume is already finished, and the second fairly under way. We could wish that the numbers appeared more frequently, but the care and work for their elaboration necessarily require much time. It is a most useful work for the physician and pharmacist as well as the student of medicine.

**Annual Address.** Read before the Ohio Homœopathic Medical Society by the President, ARTHUR CLAYPOOL, M. D., 1887.

**Oxygen in Therapeutics.** By C. E. EHINGER, M. D. Chicago: W. A. Chatterton & Co., 1887.

This little volume fills a real want in our literature, and, as Oxygen as a therapeutic agent is used more extensively every day by physicians of all schools, it is the aim of this work to supply an apparent demand for a handbook on Oxygen; it is intended to furnish information and practical details necessary for the construction and operation of the apparatus required to prepare and administer Oxygen and Nitrogen monoxide. The subject is divided into two parts, the first of which treats of the methods of preparing Oxygen and Nitrogen monoxide, apparatus for generating, storing, commingling and administering the gases, etc. The second part contains numerous clinical cases illustrating the use of them in disease.

**Diseases of the Nerves, Muscles and Skin;** being Vol. III of "A Handbook of Practical Medicine," by Dr. HERMANN EICHHORST, and Vol. X of Wood's Library of Standard Medical Authors, 1886 (consisting of twelve volumes, price \$15). Sold only by subscription. New York: William Wood & Company.

**Diseases of the Blood, and Nutrition, and Infectious Diseases;** being Vol. IV of "A Handbook of Practical Medicine," by Dr. HERMANN EICHHORST, and Vol. XII of Wood's Library for 1886 (completing the set; price of set, \$15.) Illustrated. New York: William Wood & Co.

**Diseases of the Lungs and Pleuræ, including Consumption.** By R. DOUGLASS POWELL, M. D., London, Fellow of the Royal College of Physicians, Physician to the Middlesex Hospital and to the Hospital for Consumption and Diseases of the Chest, at Brompton; late Assistant Physician and Lecturer on Materia Medica at the Charing Cross Hospital. Third edition, rewritten and enlarged, with illustrations, including two lithographic plates; being Vol. XI of Wood's Library for 1886 (twelve volumes in set, price \$15). New York: William Wood & Company.

The last three volumes of Wood's Library for 1886 retain the high standard of the previous volumes and make this collection of medical works at once the most practical and interesting to the physician and student. We trust every reader of the CALIFORNIA HOMŒOPATH will subscribe to this set, and thereby gain possession of some of the latest and best works on general practice and certain special subjects.

## SELECTIONS.

CASE OF SUCCESSFUL ENUCLEATION, AFTER LAPAROTOMY, OF  
A FIBROID ATTACHED TO THE FUNDUS UTERI.

By JOHN S. DICKSON, M. D., Pittsburgh, Pa.

Mrs. R—, Pa., æt. 24, married, had given birth to two still-born children, one at full term and the other at an earlier period of pregnancy. She

was sent to me from near Cornellville (by Dr. Phillips of that place) September 1st, 1886, and was taken to Mercy Hospital after being examined by Dr. James McCann and myself at my office.

*History.*—For three years patient had been suffering from an abdominal tumor, which, during the last few months previous to her reporting to me, had increased rapidly in size.

The diagnostic features indicated a fibroid growth attached to the fundus of the womb on the right side. The os uteri was pulled up on the left side to an extent which made it impossible to use a sound or make a digital examination.

The patient rested quietly at the hospital until Tuesday, September 7, when laparotomy was performed. The incision made was about 13 inches in length, extending nearly from the symphysis pubis to the ensiform cartilage. The tumor was found to be a fibroid of a firm, elastic consistency, and intimately adherent to the fundus uteri on the right side. At first it seemed impossible to remove the tumor without the uterus, but eventually it was decided to enucleate the growth from its attachments. The peritoneal sac, from which the tumor was enucleated, was very large, and the womb itself was about four times its normal size. This, at first, gave the impression that the growth was intra-uterine. The enlargement was found to be symmetrical and regular in form, however, and was then attributed to inflammation. It was considered probable that, after removal of the tumor, the womb would atrophy to its natural dimensions, and hysterectomy was therefore rejected. During the operation a great many ligatures (over forty) were required to control hemorrhage.

After the growth had been removed, the edges of the rent in the peritoneal covering or sac were approximated by sutures, and the whole let fall back into the abdomen. The abdominal wound was brought together by interrupted sutures of silver wire, eleven in number. A rubber drainage-tube was inserted between the two last sutures, dipping down into the sac. The wound was then dressed with lint, moistened in bi-chloride solution, and linen gauze placed over that. Scarcely any blood was lost during the operation, and the patient evinced no evidence of shock at any time. The tumor was weighed, and found to be eleven pounds two ounces in weight. At the operation Drs. James McCann, Richardson, and Davis and the hospital staff assisted.

Patient showed but little disturbance from the anæsthetic, but complained of pain some two or three hours after the operation. She was relieved by morphia. She had considerable pain, and was restless during first night.

During the period of eleven days intervening between the operation and the day on which she left her bed for the first time, the patient's diet consisted entirely of the *J. P. Bush Manufacturing Company's Bovinine* with a little milk, and of stimulants. *Other foods were tried, but she could not retain them.*

On the 19th day the patient was discharged from the hospital.

It will be conceded that the above record of the case is a remarkable one as to results. The operation occupied 51 minutes, and necessarily subjected the patient to a severe strain. It certainly is remarkable that at no time the patient's pulse was higher than 96 nor her temperature higher than 101°. *Many of the good results I attribute to the use of Bovinine, which was practically the patient's only nutriment, during the first eleven days, and the careful employment, during the entire case, of antiseptic precautions.—Gaillard's Medical Journal, May 1887.*